

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

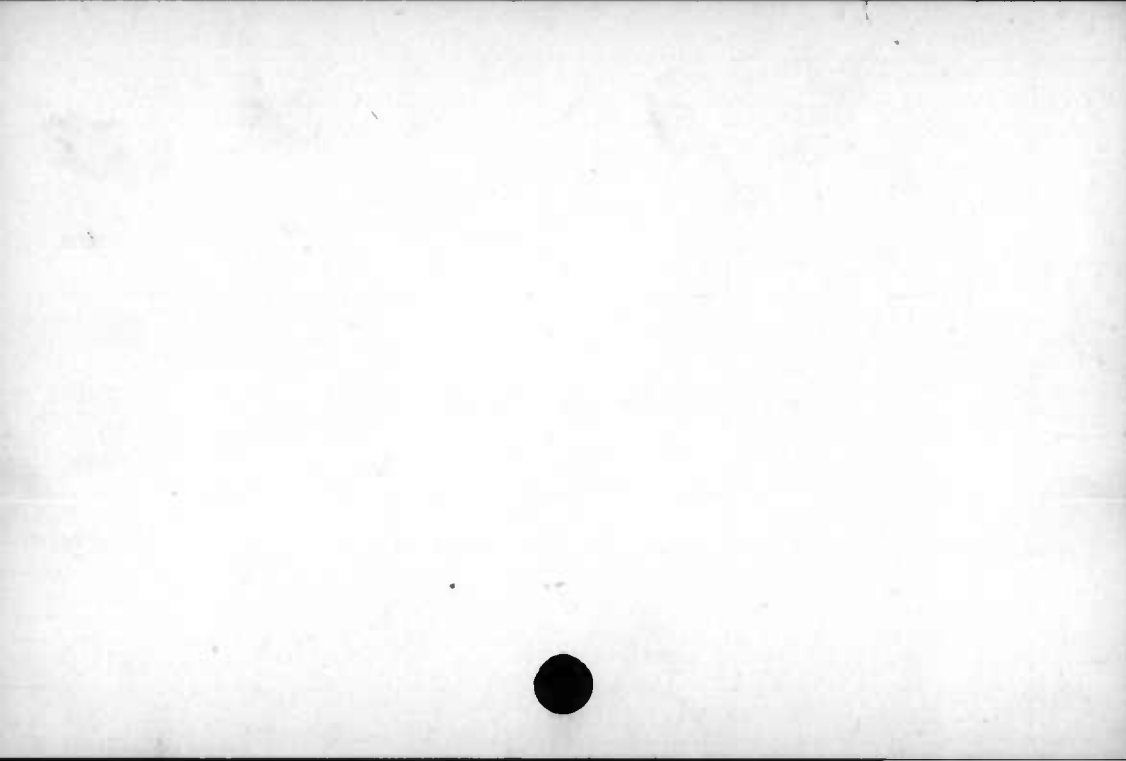
Died at <i>Piogah</i> Town		<i>Chesler</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>March</i>	Day <i>6</i>	Age <i>42</i> Years	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>W. white</i>	Birth-place <i>Chicago, New York</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Marcellus Bowie</i>				
Father's Name <i>Daniel M. Aiken</i>	Father's Birthplace <i>New York</i>				
Mother's Maiden Name <i>Catherine R. Williams</i>	Mother's Birthplace <i>New York</i>				
Name of person giving information <i>Marcellus Bowie</i>	How related to deceased <i>Husband</i>				

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Acute Pneumonic Pthisis</i>	How long <i>7 weeks</i>
Immediate <i>Pulmonary Collapse</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. C. Bicknell,</i>
	Address <i>Piogah, Md.</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Caroline Butler

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at near *Domeast*

*Chad*

Date

Month

Day

Years

Months

Days

of death

1907

March

13

Age

65 or 70

Sex

*Female*

Color or  
Race

*Black*

Birth-  
place

*md*

Occupation

*Washing & daily work*

Where Residing if not  
at place of death

☐ Married, Single

☒ Widowed

Name of Wife or  
Husband

*Jos Butler*

Father's  
Name

*Unknown*

Father's  
Birthplace

*Unknown*

Mother's  
Maiden Name

*Unknown*

Mother's  
Birthplace

*Unknown*

Name of person giving  
In formation

*Chapman Barber*

How related  
to deceased

*-*

CAUSES OF DEATH

*10*

Primary

*Pneumonia following Grip*

How long

*4 or 5 weeks*

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

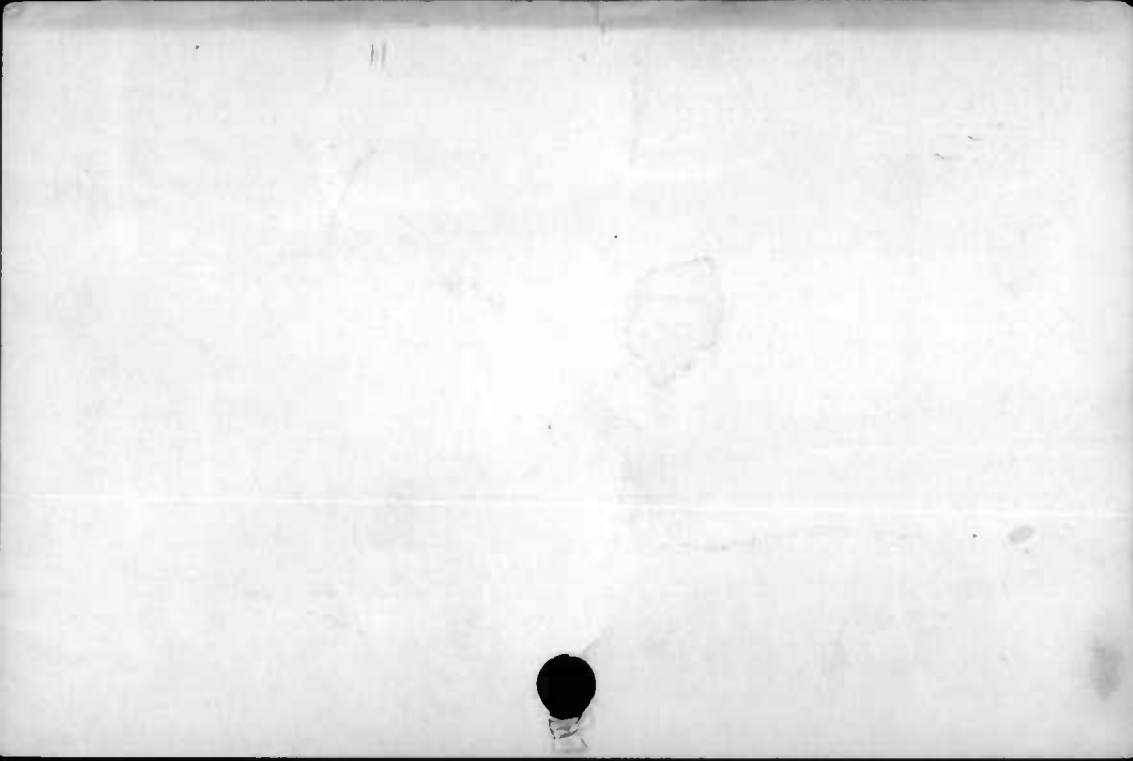
Address

*D. H. Speake MD  
Grayton md*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

A. G. Caywood

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

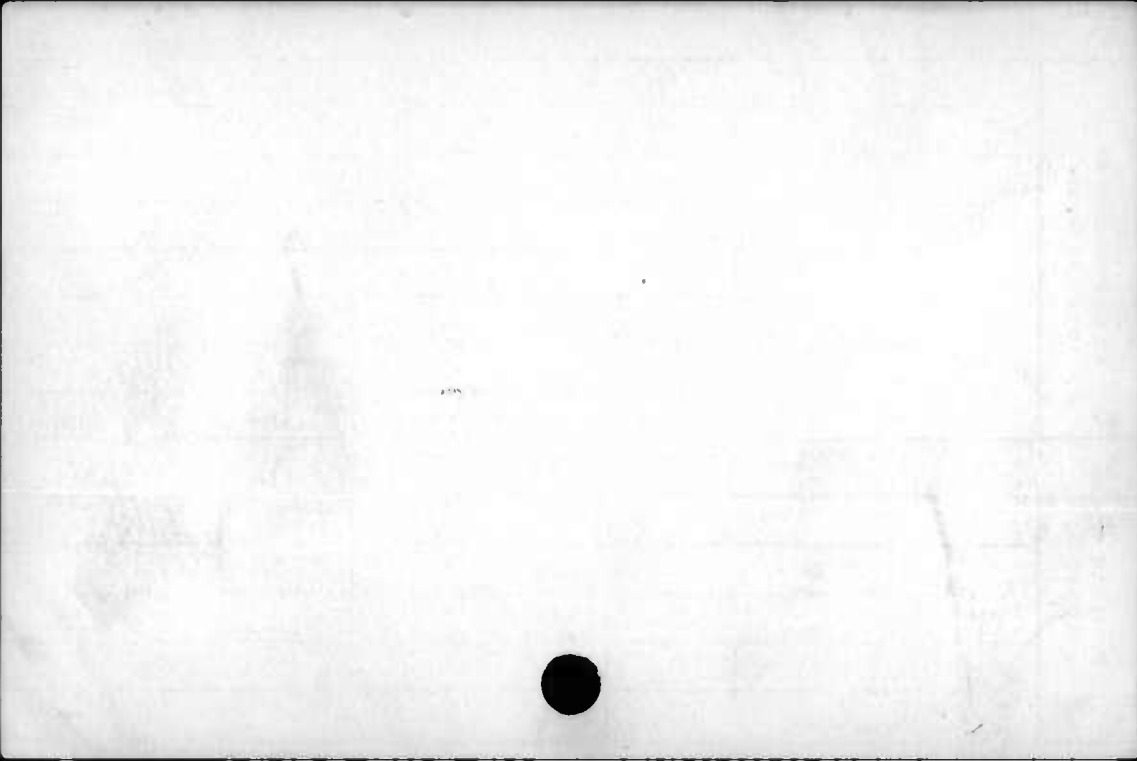
Died at <u>Bryantown</u>		County <u>Cherokee</u>		MARYLAND	
Date of death	1907	Month	3	Day	15
Age	59	Years	5	Months	9
Sex	Male	Color or Race	White	Birth-place	Ill
Occupation	Farmer	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Mollie Lucas		
Father's Name	Caywood	Father's Birthplace	Ind		
Mother's Maiden Name	Higgs	Mother's Birthplace	Ind		
Name of person giving information	J.B. Caywood	How related to deceased	Brother		

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	Bright's anemia	How long	3 yrs
Immediate	Uremia	How long	3 mos
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. B. Caywood M.D.</u>		
	Address <u>Cherokee, Ind</u>		
Accident or Suicide?			



Name  
in  
Full

Mrs. Clara Cox

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>White Plains</i>		County <i>Charles</i>		MARYLAND	
Date of death	1907	Month	March	Day	17
Sex	Female	Age	40	Years	
Color or Race	White	Months		Days	
Birthplace	Maryland	Occupation	Housewife	Where Residing if not at place of death	at home
Married, Single or Widowed	Married	Name of Wife or Husband	Arthur Cox		
Father's Name	W. O. Willett	Father's Birthplace	Mich		
Mother's Maiden Name	Ellie Willett	Mother's Birthplace	Mich		
Name of person giving information	Jennie Willett	How related to deceased	Sister		

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary	<i>Haemasthenia</i>	How long	<i>Two hours</i>
Immediate	<i>Life</i>	How long	<i>In days</i>
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	<i>J. O. Monroe</i>
		Address	<i>Waldorf Md.</i>
Accident or Suicide?			<i>Y.M.S.</i>





Name  
in  
Full

Geo Conrad Ford

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <u>Port Tobacco</u>		<u>Chenier</u> County			
Date of death 190	Month <u>3</u>	Day <u>18</u>	Age <u>18</u> Years	Months	Days
Sex <u>1m</u>	Color or Race <u>C</u>		Birth-place <u>md</u>		
Married, Single or Widowed <u>S</u>			Occupation <u>Laborer</u>		
Name of Wife or Husband					
Father's Name <u>Geo H. Ford.</u>			Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Stellie Ford.</u>			Mother's Birthplace <u>md</u>		
Name of person giving information <u>John R Ford</u>			How related to deceased <u>Brother</u>		

CAUSES OF DEATH

74

PHYSICIAN  
OR CORONER

Primary <u>Cerebral Abscess. Fracture of Skull</u>	How long <u>Eight Months</u>
Immediate <u>Asthenia, Paralysis. Heart Failing</u>	How long <u>Eight Months</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>Paul T. Harmon</u>
<u>Fell from cart, wheel striking his head as it passed over him.</u>	Address <u>La Plata Md.</u>
Accident or Suicide? <u>Accident.</u>	



Name  
in  
Full

Louisa M. Franke

## CERTIFICATE OF DEATH

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NEAREST FRIEND

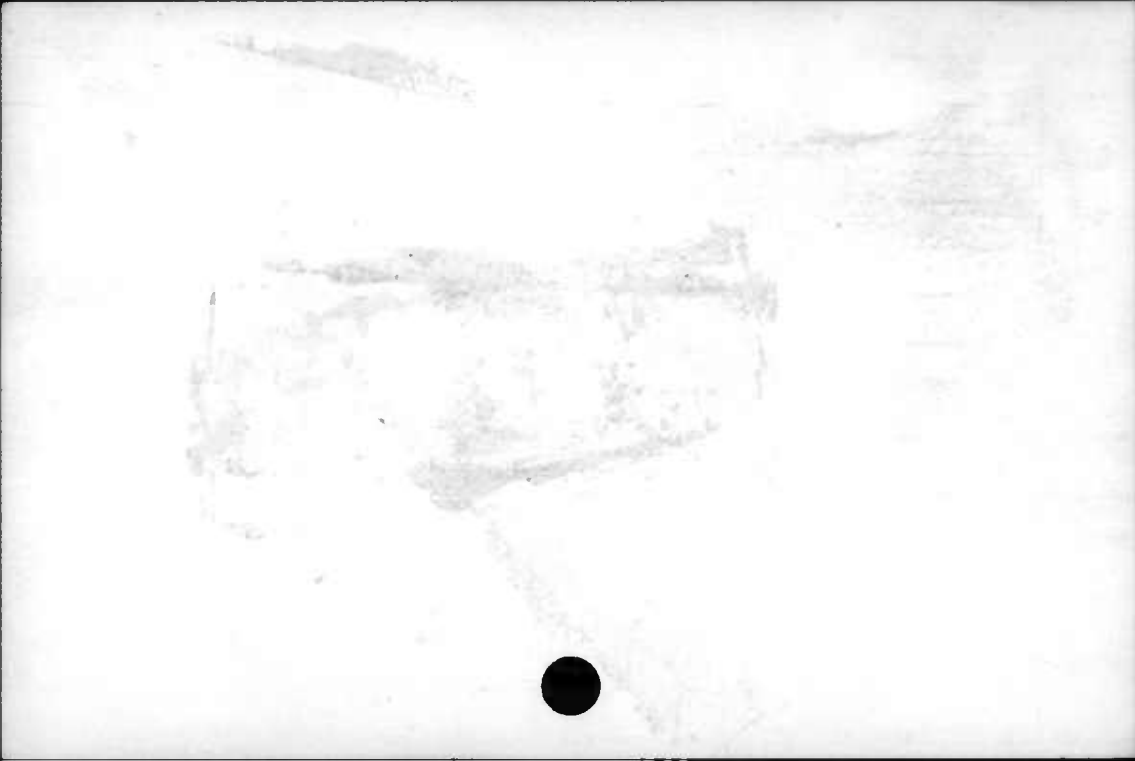
Died at <del>Hopton</del> Town <u>La Plata</u>		County <u>Charles</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>March</u>	Day <u>7<sup>th</sup></u>	Years <u>14</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Baths, Md.</u>		
Occupation <u>none</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Ernest H. Franke</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Sophia F. Kellerman</u>	Mother's Birthplace <u>Germany</u>				
Name of person giving information <u>Ernest H. Franke</u>	How related to deceased <u>father</u>				

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<u>Valvular disease of Heart</u>	How long	<u>about 5 or 6 months</u>
Immediate	<u>Cardiac Output</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Thos. S. Owen</u>
		Address	<u>La Plata</u>
Accident or Suicide?	<u>No</u>		<u>Md</u>



Name  
in  
Full

Clodie U Gibbons

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

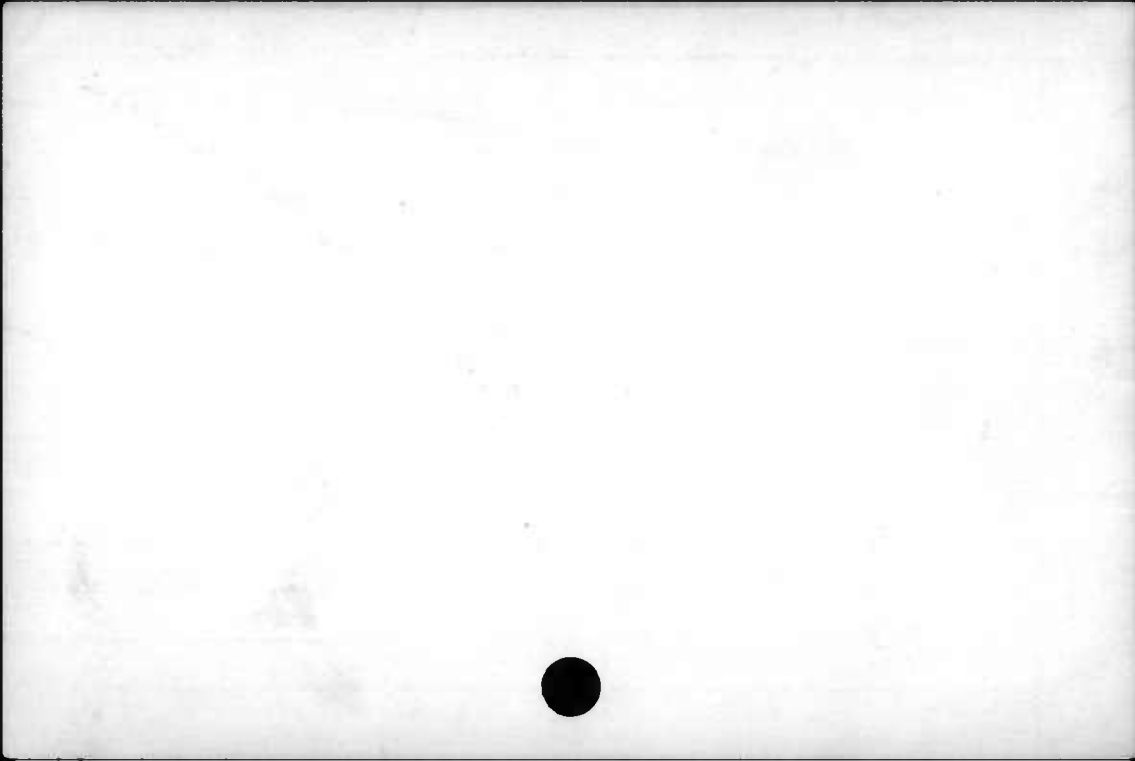
Died at		Town Beltsville		County Chas.			
Date of death		Month	Day	Age	Years	Months	Days
1907		March	8	50		3	3
Sex		Color or Race		Birth-place			
Female		White		Beltsville			
Occupation				Where Residing if not at place of death			
				Beltsville Md			
Married, Single or Widowed		Name of Wife or Husband					
Married		J. D. Gibbons					
Father's Name		Father's Birthplace					
Walter Franklin		Chas Co					
Mother's Maiden Name		Mother's Birthplace					
Hussett C. Franklin		Chas Co					
Name of person giving information		How related to deceased					
R. Arthur Gibbons		Son					

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary		How long	
Valvular disease of heart		3 yrs	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Thos. S. Owen, M.D.	
		Address	
		La Plata	
Accident or Suicide?		Ind	
no		✓	



Name in Full		Priscilla Neale Hamilton						CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Wynhurst-Bel Air Chas Co.		County		MARYLAND					
		Date of death		Month 1907	Day March	Age 20	Years 6	Months 2	Days 13				
		Sex		Female		Color or Race		White					
		Birth- place		Chas Co		Where Residing if not at place of death		Chas Co.					
		Occupation		Housewife		Name of Wife or Husband		Francis O. Hamilton					
		Married, Single or Widowed		Widow		Father's Name		James Neale					
		Mother's Maiden Name		Elinor Neale		Father's Birthplace		Chas Co					
		Name of person giving In formation		James N. Hamilton		Mother's Birthplace		Chas Co					
						How related to deceased		Son					
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">79</div>													
PHYSICIAN OR CORONER		Primary		Cardiac Asthenia & Hypert.				How long		10 years			
		Immediate		Cardiac Failure				How long		2 months			
		Are the name, age, sex, color, date and place correctly given above?				Yes				Signature of Physician		J. H. Hamilton	
						Address				Bel Air		Md	
		Accident or Suicide?											





Name  
in  
Full

Franklin Herbert

## CERTIFICATE OF DEATH

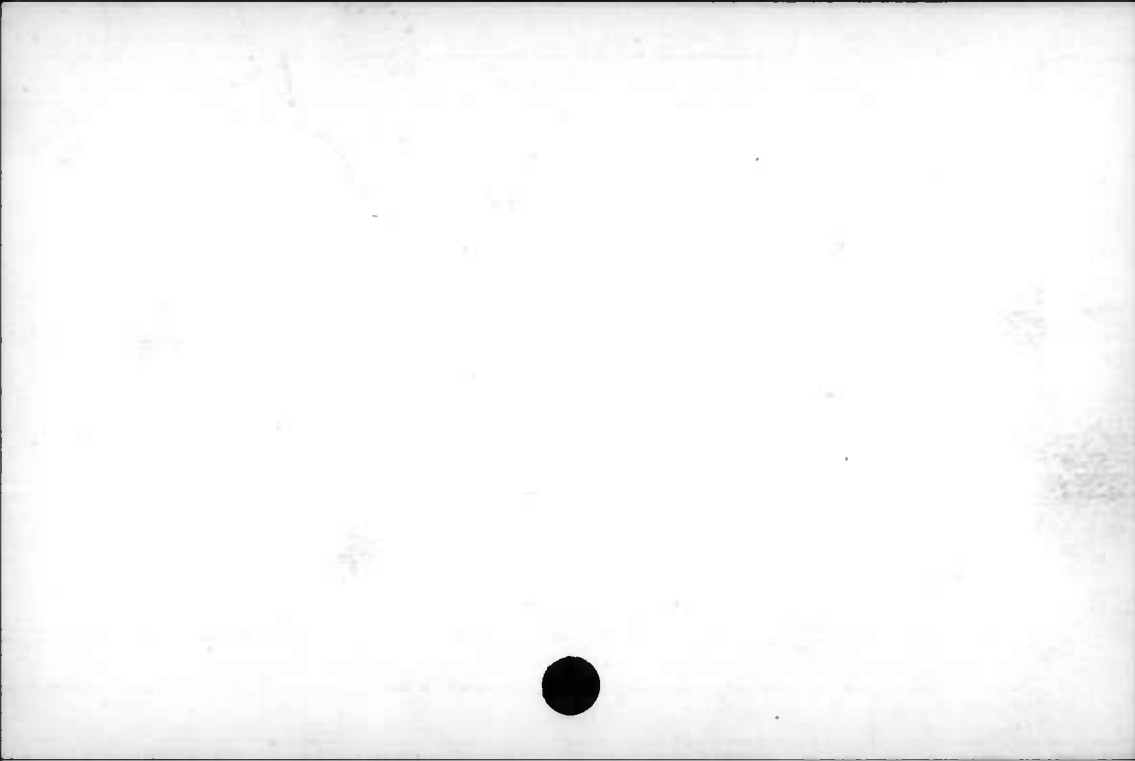
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Newport</i> Town		<i>Charles</i> County		MARYLAND	
Date of death	<i>1907</i> Month <i>March</i>	Day <i>10</i>	Age <i>2</i> Years	Months <i>6</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>St. Marys Co Md</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Theodore Herbert</i>	Father's Birthplace <i>Not Given</i>				
Mother's Maiden Name <i>Agnes Moran</i>	Mother's Birthplace <i>Char Co Md</i>				
Name of person giving information <i>Cledgy Hardisty</i>	How related to deceased <i>Half Uncle</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Lobar Pneumonia</i>	<b>93</b>	How long <i>Eight Days</i>
Immediate <i>Cardiac Complications</i>		How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. P. Cecil</i>	
<i>as near as can be ascertained</i>	Address <i>Wicomico Md</i>	
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

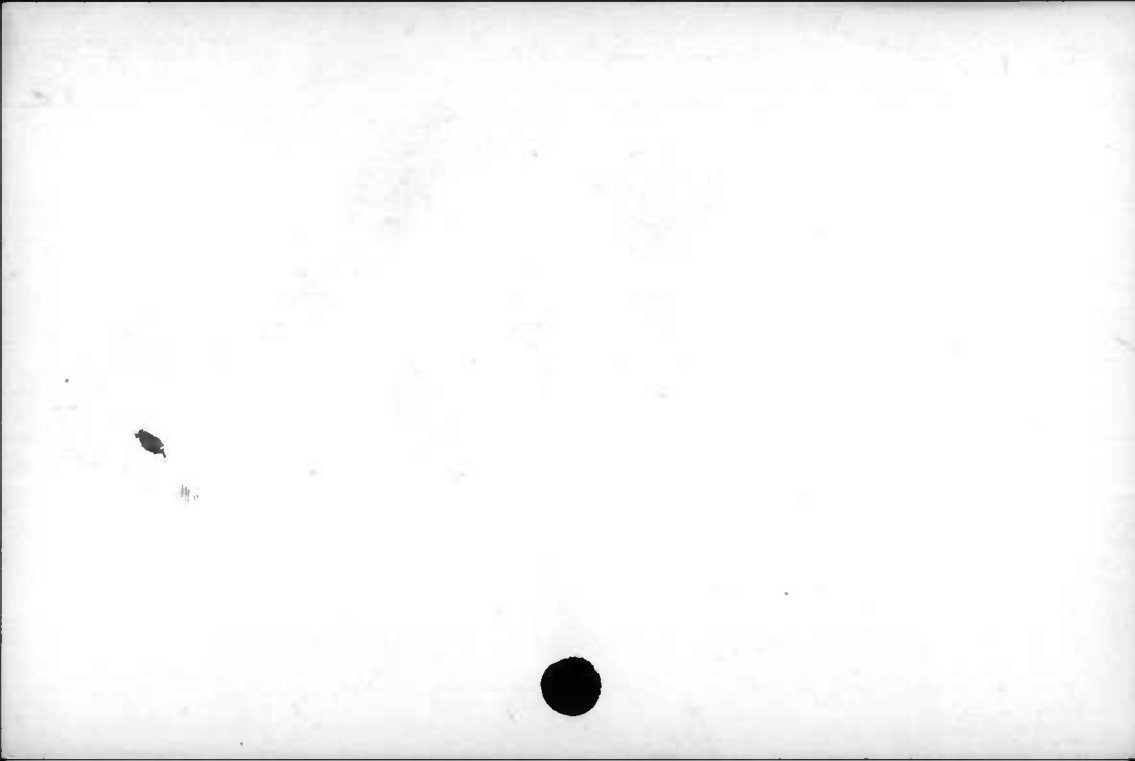
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Marshall Hall</u> Town <u>Chas</u> County		MARYLAND			
Date of death <u>1907</u>	Month <u>March</u>	Day <u>10</u>	Age <u>98</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>Dark</u>	Birth-place <u>Ind</u>			
Occupation <u>None</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Ind</u>				
Name of person giving information <u>John Dwyer</u>	How related to deceased <u>None</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <u>Old age</u>	How long <u>5 years</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>John P. Marshall</u>
	Address <u>Sybo Rg</u>
Accident or Suicide?	



Name  
in  
Full

Mary E Linkins

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

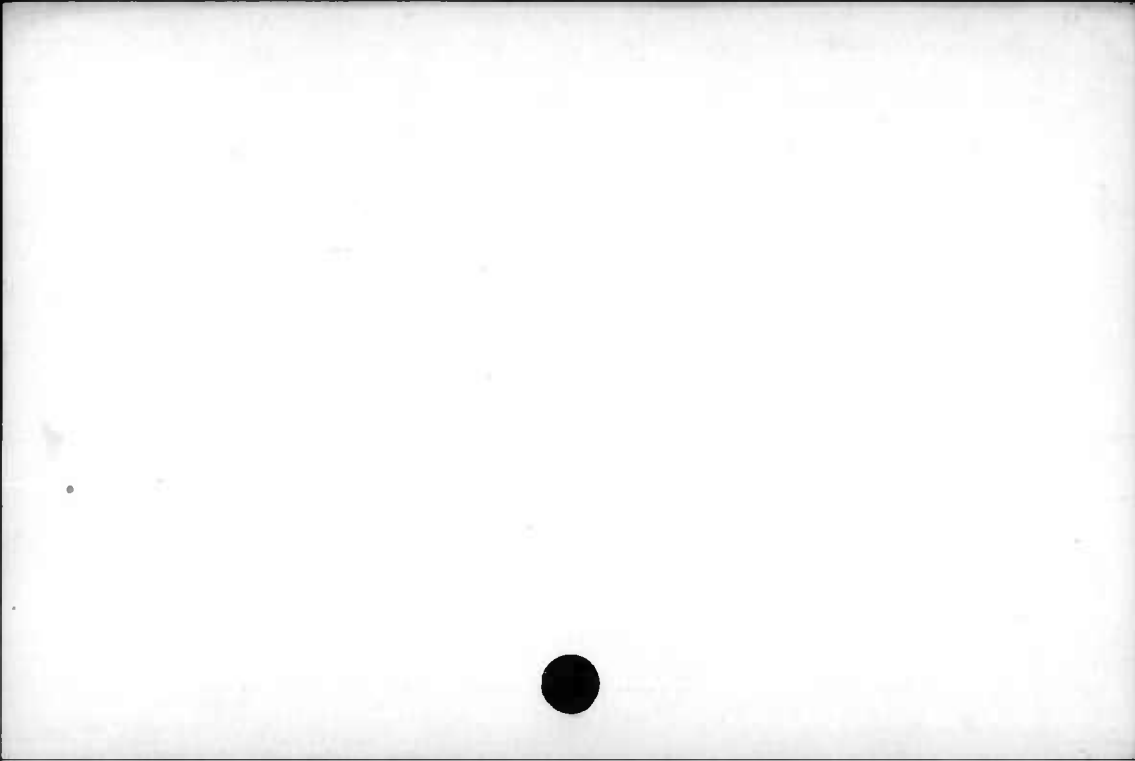
Died at		Town <i>Falmouth</i>		County <i>Charles Co</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Mar	4		3	1	11
Sex		Color or Race		Birth-place			
Female		African		Charles Co.			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Ambrose A. Linkins				Charles Co.			
Mother's Maiden Name				Mother's Birthplace			
Mary Eliz. Linnam				Charles Co.			
Name of person giving information				How related to deceased			
Ambrose A. Linkins				Father			

## CAUSES OF DEATH

8

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>2 1/2 years</i>
Immediate	<i>Whooping Cough + Asthma</i>	How long	<i>10 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		<i>E. H. H. H.</i>	
		Address	
		<i>Bel Air</i>	
		<i>MD</i>	
Accident or Suicide?			



Name

in  
Full

Mabelina V. Marshall

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

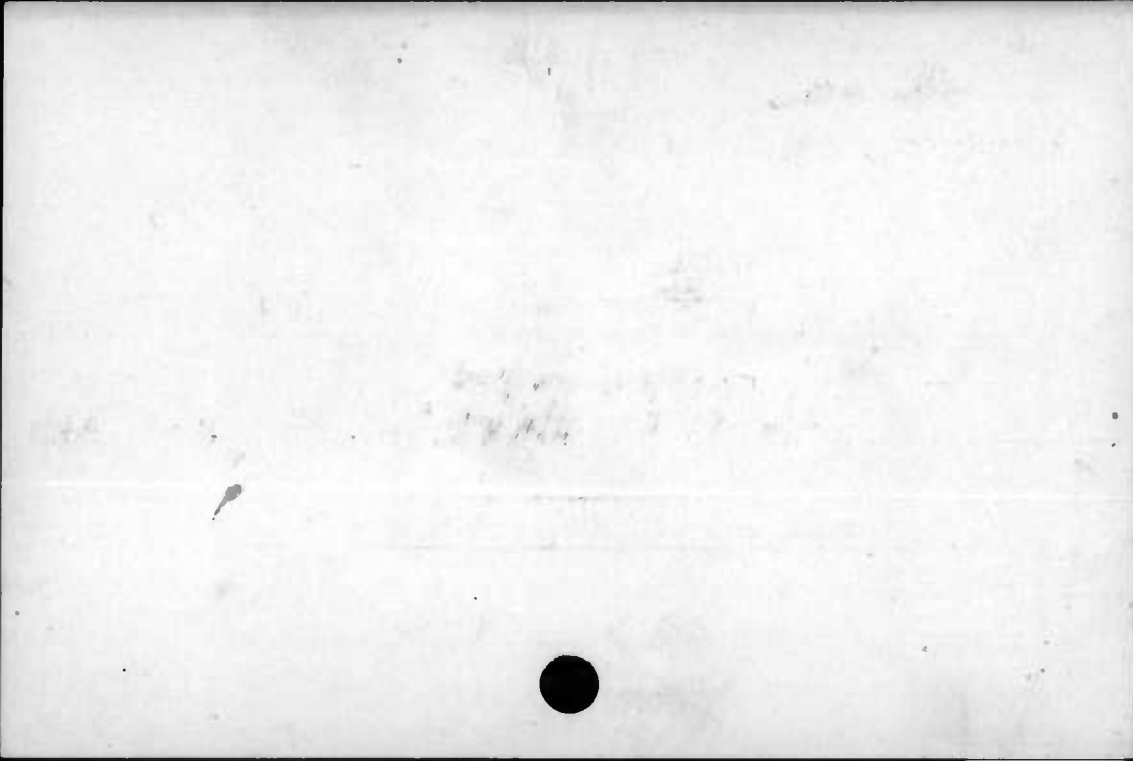
Died at <u>Green White Plains</u>		County <u>Charles</u>		MARYLAND	
Date of death	Month <u>March</u>	Day <u>12<sup>th</sup></u>	Years <u>42</u>	Months <u>6</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>colored</u>		Birthplace <u>Charles Co</u>		
Occupation <u>Washwoman</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Simone Chapman</u>	Father's Birthplace <u>Charles Co</u>				
Mother's Maiden Name <u>David Turner</u>	Mother's Birthplace <u>Charles Co</u>				
Name of person giving information <u>Benj. Marshall</u>	How related to deceased <u>—</u>				

## CAUSES OF DEATH

138

PHYSICIAN  
OR CORONER

Primary <u>Puerperal Eclampsia</u>	How long <u>24 hours</u>
Immediate <u>Uræmic Poisoning</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Thos. S. Owen</u>
	Address <u>La Plata</u>
Accident or Suicide? <u>No</u>	<u>Not</u>





Name  
in  
Full

## CERTIFICATE OF DEATH

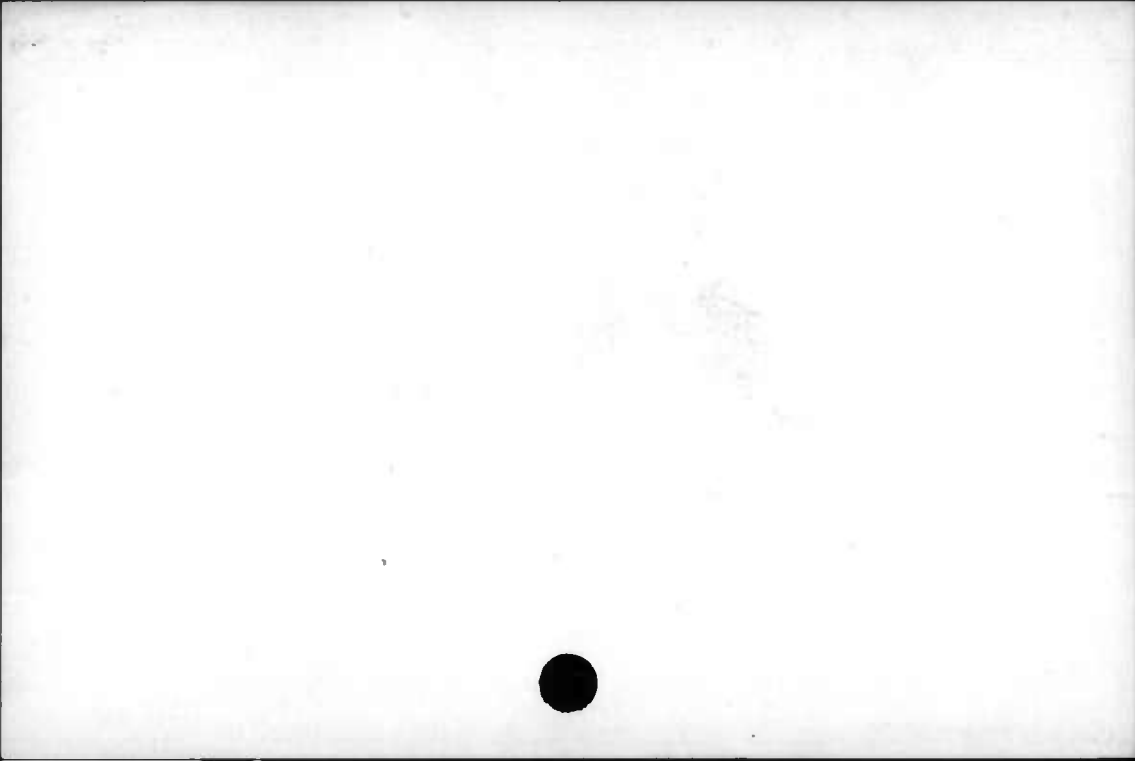
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bel Alton</i>		Town		<i>Charles</i>		County	
Date of death <i>1907</i>		Month <i>Mar</i>		Day <i>2</i>		Years <i>100</i>	
Sex <i>Male</i>		Color or Race <i>African</i>		Birth-place <i>Virginia</i>		Months	
Occupation <i>Farm. Hand</i>		Where Residing if not at place of death				Days	
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Cecilia Minor</i>					
Father's Name <i>Not known</i>		Father's Birthplace <i>Not known</i>					
Mother's Maiden Name <i>Not known</i>		Mother's Birthplace <i>Not known</i>					
Name of person giving information <i>Jerry Minor Jr.</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 days</i>
Immediate <i>Heart failure</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. H. Harrison</i>
	Address <i>Bel Alton</i>
	<i>Chas. Co. V Md.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

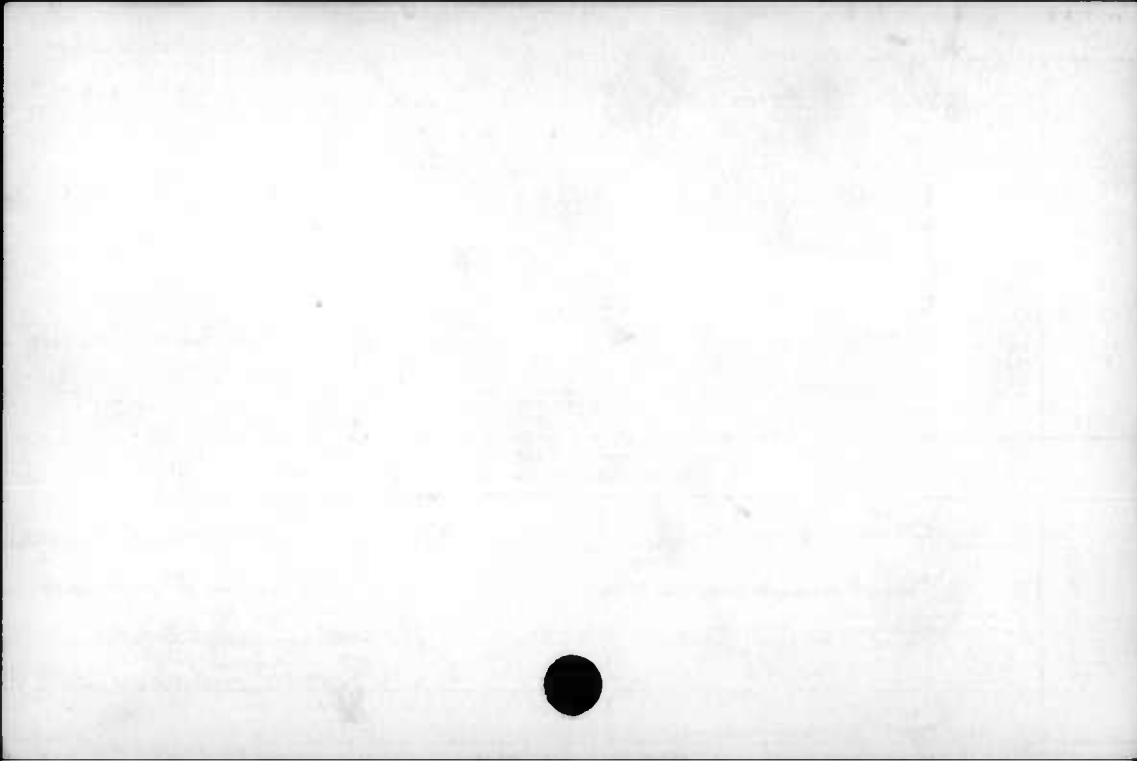
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Joseph C. Moore</i>		Town <i>Myanum</i>		County <i>Charles</i>		MARYLAND	
Died at <i>Myanum</i>		Month <i>March</i>		Day <i>20</i>		Age <i>23</i>	
Date of death <i>1907</i>		Months <i>23</i>		Years <i>23</i>		Days <i>23</i>	
Sex <i>male</i>		Color or Race <i>Colored</i>		Birth-place <i>Ind</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>William Moore</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Mary Jane Gault</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>William Moore</i>		How related to deceased <i>father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Phthisis Pulmonatis</i>		How long <i>27</i>	
Immediate <i>27</i>		How long <i>27</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. B. Combs</i>	
		Address <i>Myanum</i>	
Accident or Suicide?			



Name  
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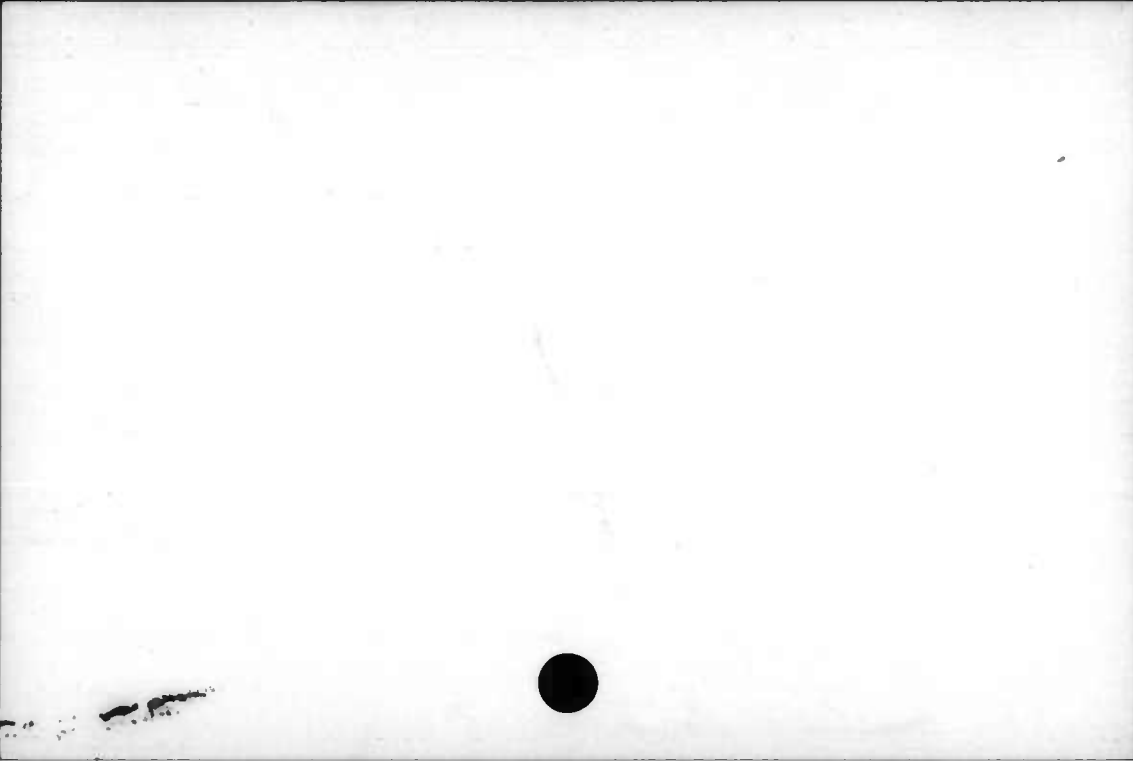
MARYLAND

Died at <i>Near Port Tobacco</i>		Town <i>Charles</i>		County	
Date of death <i>1907</i>	Month <i>3</i>	Day <i>14</i>	Age <i>77</i>	Years	Months
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Char. Co. Md</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>as above</i>		
<del>Married, Single or Widowed</del>			Name of Wife or <del>Husband</del> <i>Adeline Oliver</i>		
Father's Name			Father's Birthplace <i>Chas County</i>		
Mother's Maiden Name			Mother's Birthplace <i>"</i>		
Name of person giving information <i>James Robey</i>			How related to deceased		

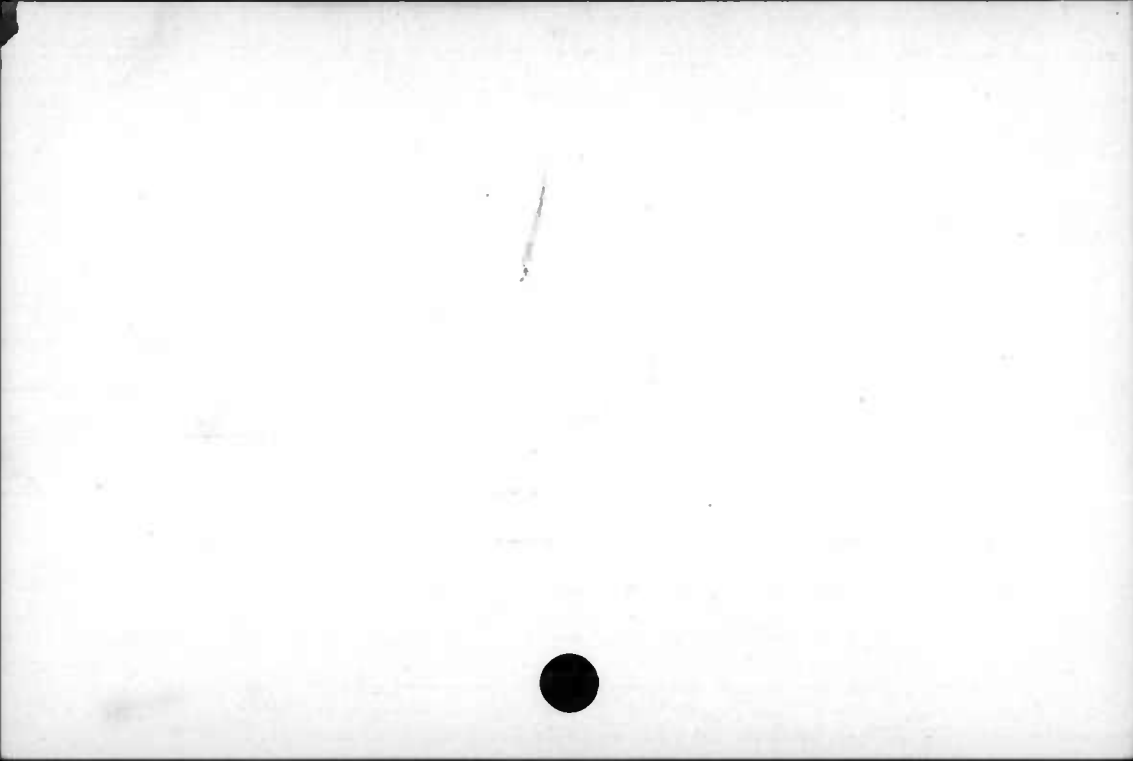
## CAUSES OF DEATH

Primary <i>La Grippe</i>	How long <i>about 3 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jno. T. Diggins</i>
	Address <i>Port Tobacco - Md</i>
Accident or Suicide?	

PHYSICIAN  
OR CORONER



Name in Full		Certificate of Death			
William A. Roby		MARYLAND			
Died at near Bryantown Charles		County			
Date of death 1907		Month March	Day 21	Age 72	Years
Sex Male		Color or Race White		Birthplace Maryland	
Occupation Farmer		Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Mary Williams			
Father's Name Unknown		Father's Birthplace Maryland			
Mother's Maiden Name Polly Roby		Mother's Birthplace Maryland			
Name of person giving information Mary Roby		How related to deceased Wife			
CAUSES OF DEATH					
Primary Fall on the Head		How long Immediate			
Immediate Dislocation of Neck		How long			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician G. B. Monroe M.D.			
		Address Waldorf Md			
Accident or		Accident			





Name  
in  
Full

S. B. Sheriff

## CERTIFICATE OF DEATH

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NEAREST FRIEND

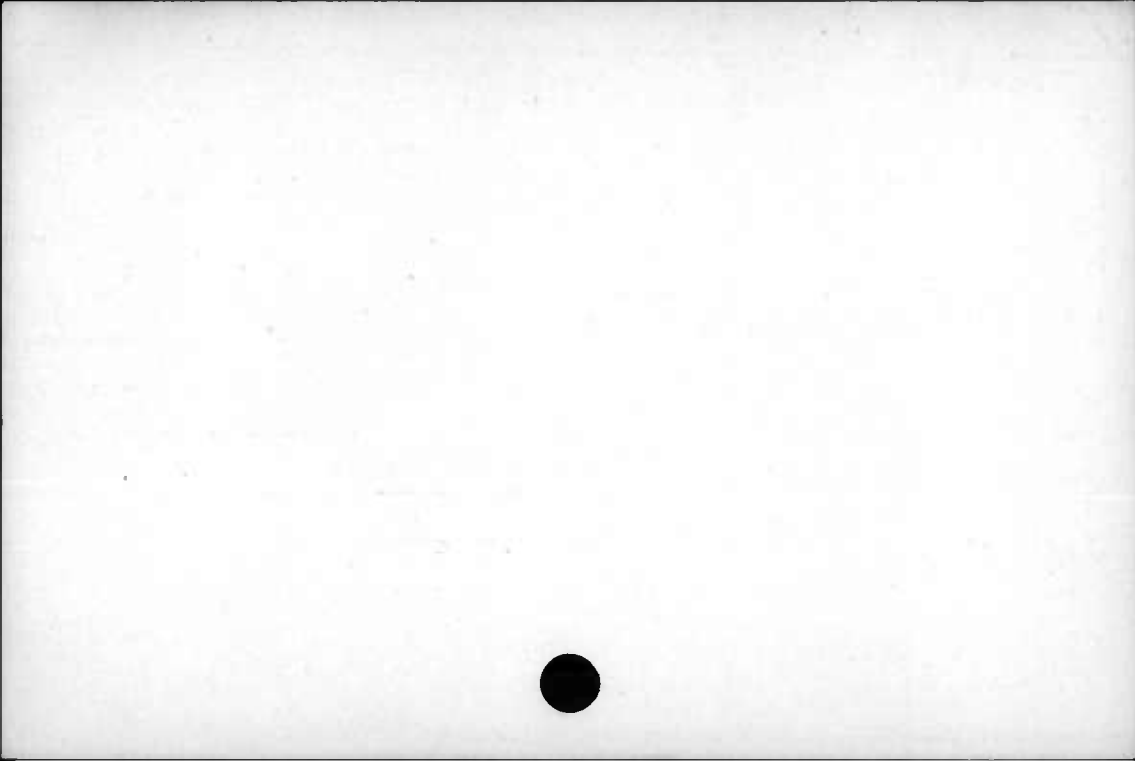
Died at		Town <i>Comfort</i>		County <i>Charles</i>		MARYLAND	
Date of death	1907	Month <i>March</i>	Day <i>13</i>	Age <i>63</i>	Years	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>				
Occupation <i>Clerk</i>	Where Residing if not at place of death <i>at home</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ada Hamilton</i>						
Father's Name <i>J. Brock Sheriff</i>	Father's Birthplace <i>Ind.</i>						
Mother's Maiden Name <i>Maria Beale</i>	Mother's Birthplace <i>Ind.</i>						
Name of person giving information <i>Edward Eden</i>	How related to deceased <i>Brother-in-law</i>						

## CAUSES OF DEATH

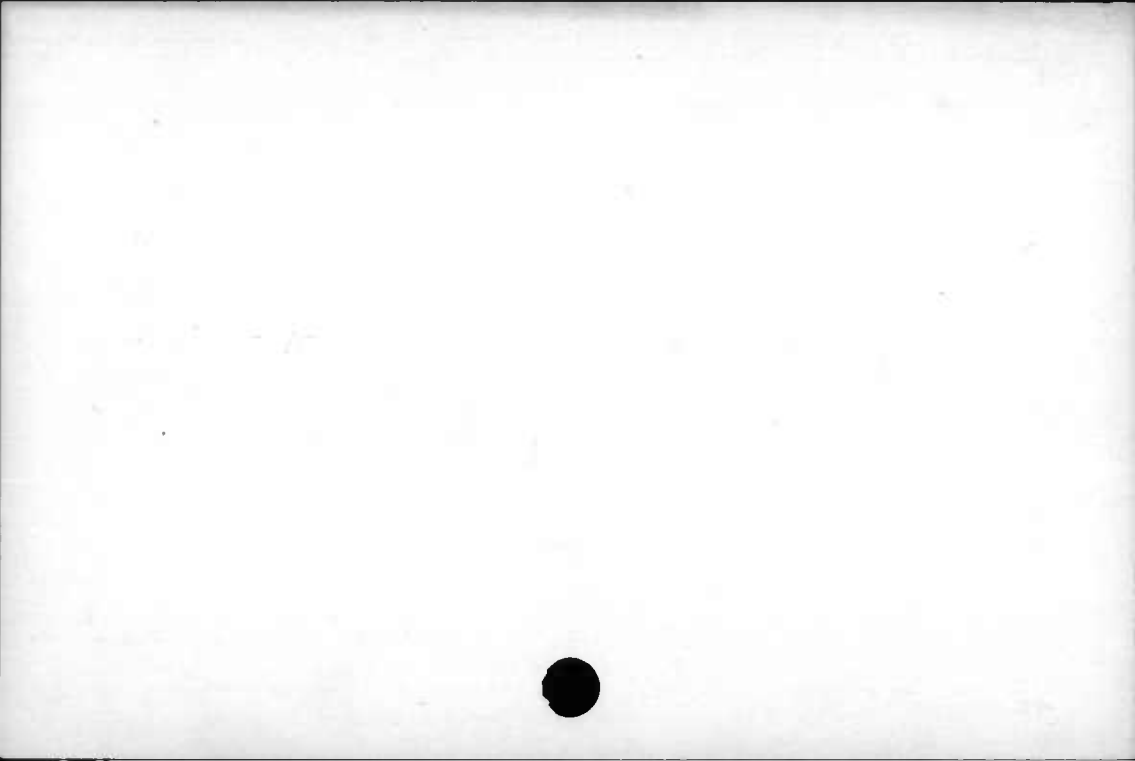
(66)

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	How long <i>Two Years</i>
Immediate <i>Apoplexy disease of heart</i>	How long <i>about 4 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. O. Turner</i>
	Address <i>Waldorf</i>
Accident or Suicide? <i>—</i>	<i>Ind.</i>



Name in Full		Town				County		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Huttons Creek</i>				<i>Charles</i>		MARYLAND	
		Date of death <i>1907</i>		Month <i>Feb</i>	Day <i>3</i>	Age <i>7</i>	Years	Months	Days
		Sex <i>Female</i>		Color or Race <i>Negro</i>		Birth- place <i>Bolt Neck Md</i>			
		Occupation				Where Residing if not at place of death			
		Married, Single or Widowed		Name of Wife or Husband					
PHYSICIAN OR CORONER		Father's Name <i>Jas. Smalwood</i>				Father's Birthplace <i>Bolt Neck Md</i>			
		Mother's Maiden Name <i>Fizzie Smalwood</i>				Mother's Birthplace <i>Bolt Neck Md</i>			
		Name of person giving Information <i>Grant Green</i>				How related to deceased <i>none</i>			
		CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Whooping Cough</i>				How long <i>3 weeks</i>			
		Immediate				How long			
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>J. R. Pease Sub Reg</i>			
						Address <i>Marriott St 7 Md</i>			
		Accident or Suicide?							



Name  
in  
Full

Charles Taylor

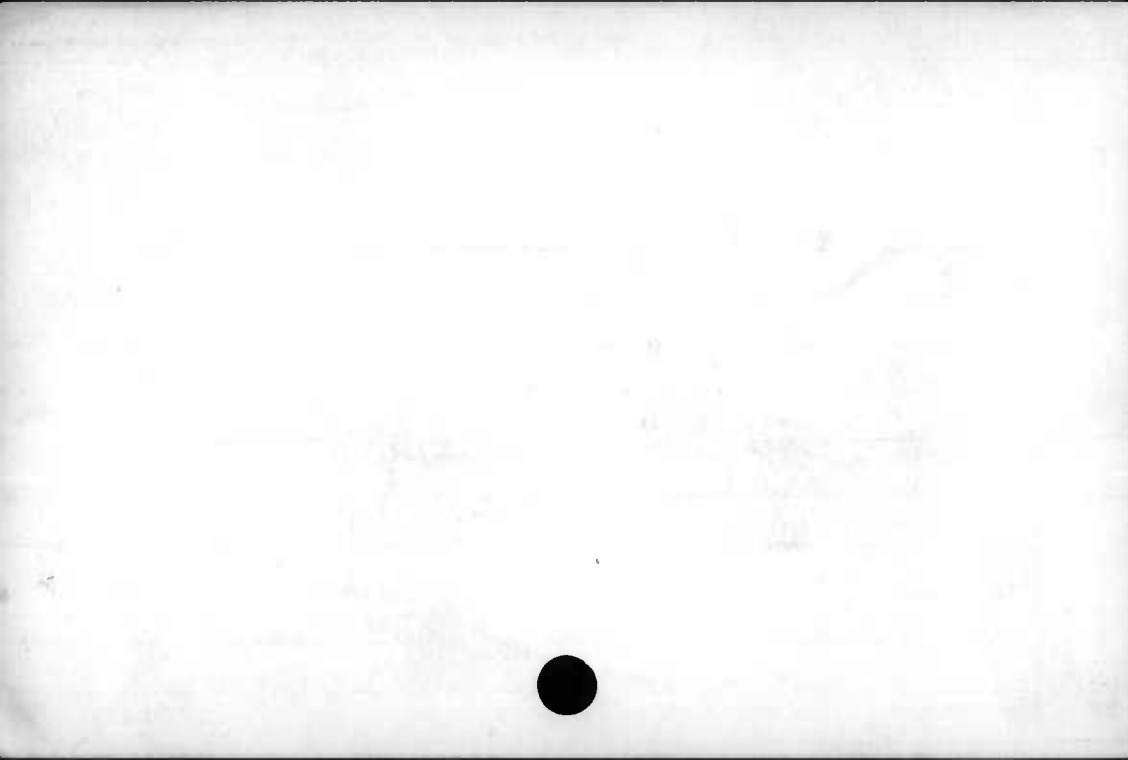
2  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near White Plains</i>		Town <i>White Plains</i>		County <i>Charles</i>		State <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>29</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>21</i>	
Sex <i>male</i>		Color or Race <i>colored</i>		Birth-place <i>White Plains</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Henry Taylor</i>		Father's Birthplace <i>Charles Co</i>					
Mother's Maiden Name <i>Eliza Brawner</i>		Mother's Birthplace <i>Charles Co</i>					
Name of person giving Information <i>Henry Taylor</i>		How related to deceased <i>Father</i>					

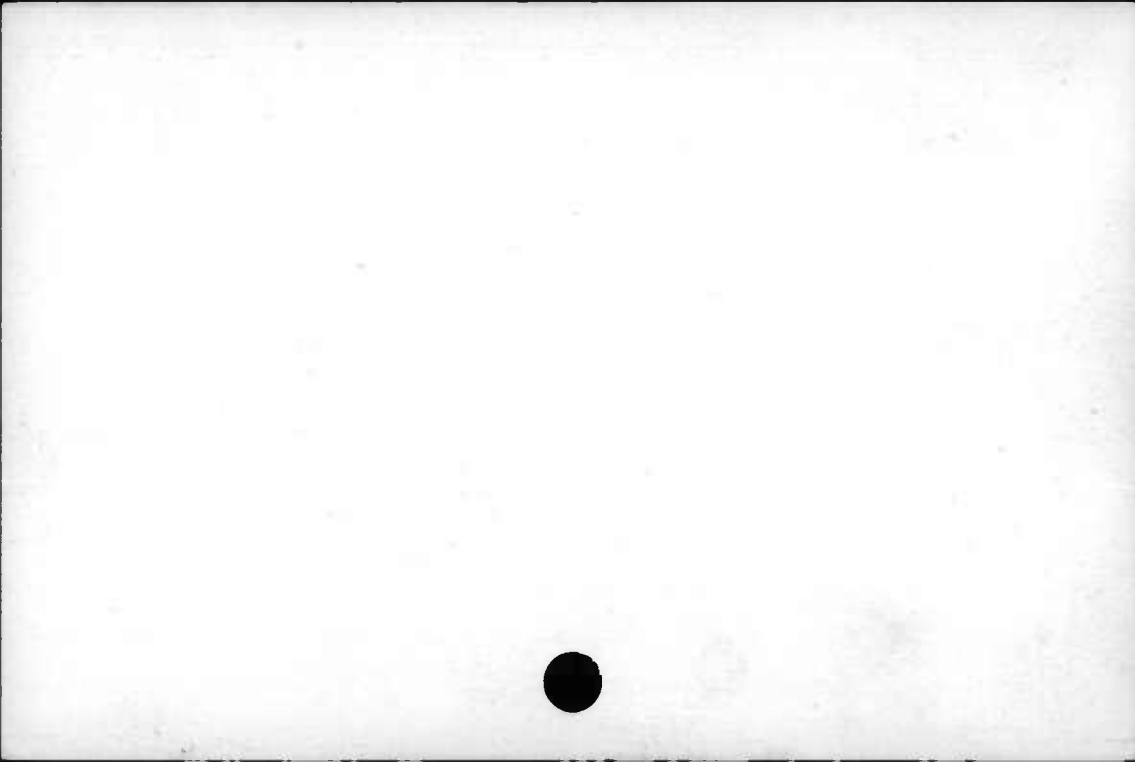
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Marasmus</i>	How long <i>(151)</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos. S. Owen</i>
	Address <i>La Plata Md</i>
Accident or Suicide? <i>no</i>	



Name in Full		Certificate of Death			
William Henry Thomas		MARYLAND			
Died at Ryecville		Town		County Charles	
Date of death 1907	Month	Day	Years	Months	Days
1907	Feb	28	Age 59		
Sex Male	Color or Race Colored		Birthplace Char Co Md		
Occupation Farmer	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband		Margaret Thomas		
Father's Name	Hiclay Thomas		Father's Birthplace Char Co Md		
Mother's Maiden Name	Mary Bush		Mother's Birthplace St Mary's Co Md		
Name of person giving information	George C. Hickes		How related to deceased Uncle		
CAUSES OF DEATH					
Primary	Paralysis		How long		11 hours 55 minutes
Immediate	Exhaustion and Cardiac Cramp		How long		" " " "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician C. S. Keene, M.D.			
Yes		Address Wescott Md			
According to information given		Accident or Suicide?			





Name  
in  
Full

Margaret Amelia Turner

## CERTIFICATE OF DEATH

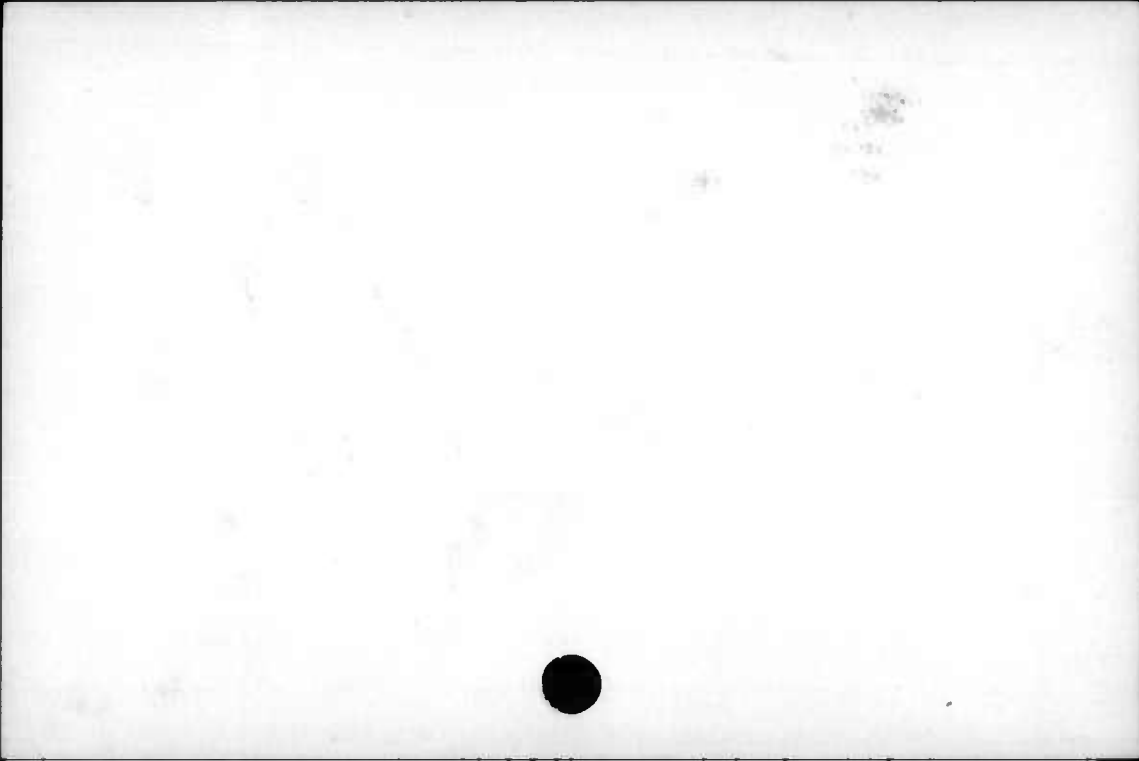
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bryantown</i>		County <i>Chesley</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>March</i>	Day <i>6th</i>	Age <i>65</i>	Months <i>6</i>	Days <i>20</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Md.</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>T</i>			
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Henry A. Turner</i>				
Father's Name <i>Samuel D. Jameson M.D.</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Mary S. Dean</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>Henry A. Turner</i>	How related to deceased <i>Husband</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Amiplegia</i>	How long <i>48 hours</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Sam B. Garfield M.D.</i>
	Address <i>Bryantown Md.</i>
Accident or Suicide?	



Name  
in  
Full

Siola Young

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Berry</i> Town		<i>Charles</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>March</i>	Day <i>11</i>	Age <i>4</i> Years	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Rich</i>		
Occupation <i>Dom</i>		Where Residing if not at place of death <i>at home</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>William Young</i>	Father's Birthplace <i>Ind</i>		Mother's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Delia Marshall</i>	How related to deceased <i>father</i>		<i>—</i>		
Name of person giving information <i>William Young</i>					

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>10 days</i>
Immediate <i>Exhaustion</i>	How long <i>short while</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. O. Thomas</i>
	Address <i>Waldorf</i>
Accident or Suicide? <i>—</i>	<i>Ind</i>

